Virtual ACE Intervention on an Orthopedic Surgery Unit: A Pilot Project

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Background

- Hospitalized elders drive many Value-Based Purchasing metrics
- Acute Care for Elders (ACE) Units have demonstrated improved clinical outcomes as well as reduced length of stay, 30-day readmissions, and costs of care
- UAB Hospital is a 1,152 bed tertiary care academic medical center with 1 ACE Unit and > 50 non-ACE Units discharging up to 19,000 older adults annually
- An intervention is needed to disseminate the benefits of ACE care to all older adults throughout a hospital

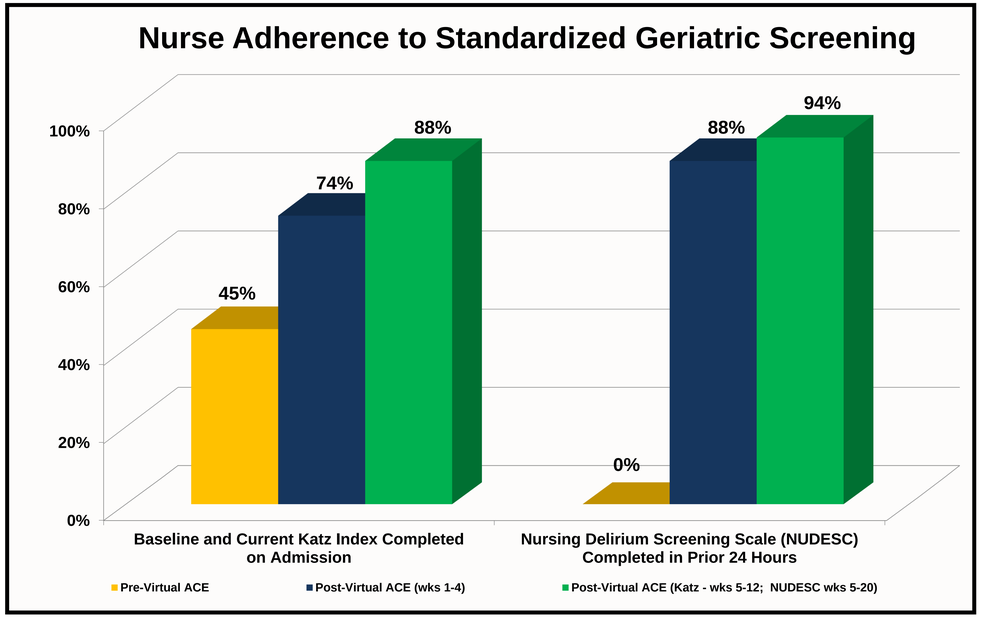
Objective

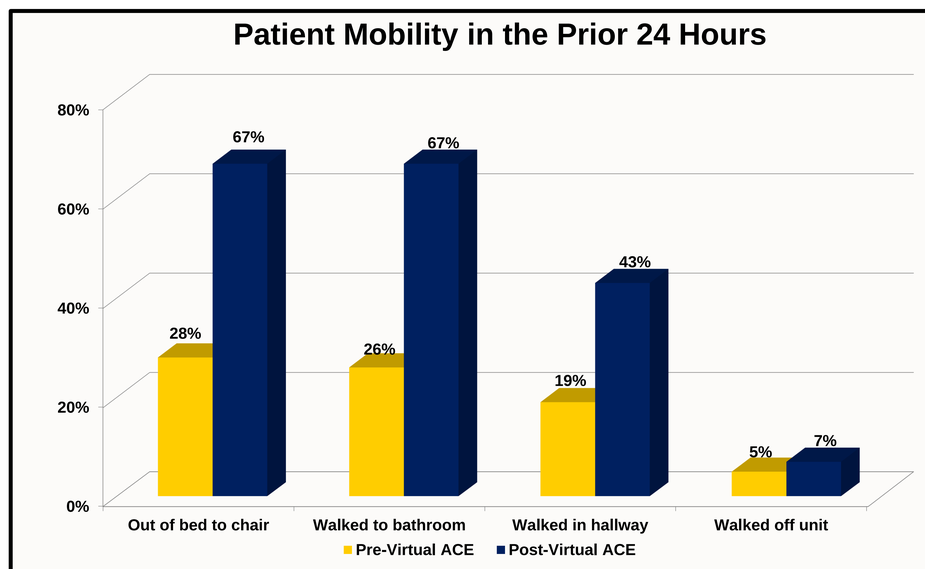
- To develop and pilot test a care delivery redesign intervention, termed "Virtual ACE", to disseminate ACE-like care to non-ACE Units

Methods

- The Virtual ACE intervention consists of interprofessional provider training and hardwiring of geriatric care processes targeting 4 domains:
  - The Why for Virtual ACE
  - Safe Mobility
  - Pain Management
  - Delirium Prevention and Management
- Outcome measures included provider adherence to geriatric care processes and related clinical outcomes

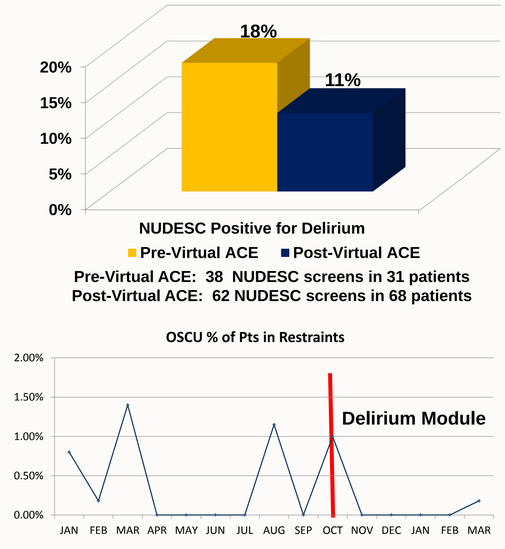
Results: Geriatric Care Processes



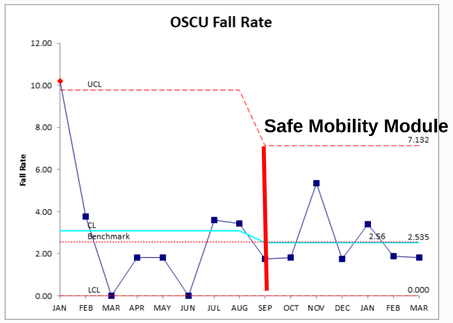


Pre: 43 assessments in 31 patients; Pre vs Post Baseline Katz: 10.4 ± 3.2 vs 11.23 ± 2.3, p=.278
Post: 30 assessments in 26 patients; Pre vs Post Current Katz 7.0 ± 5.1 vs 7.3 ± 4.3, p=..831

Results: Clinical Outcomes



Pre-Virtual ACE: 38 NUDESC screens in 31 patients
Post-Virtual ACE: 62 NUDESC screens in 68 patients



Conclusions

- Pilot outcomes suggest the Virtual ACE intervention is feasible and improves outcomes similar to the ACE Unit model without the need for additional Geriatrician FTE
- Next steps include an ongoing Virtual ACE intervention on a medical and surgical unit simultaneously with more robust pre-and post-outcomes measurements